



**THE STATE HOSPITALS BOARD FOR SCOTLAND
MENTAL HEALTH PRACTICE STEERING GROUP**

ANNUAL REPORT 2022

Table of Contents

- 1. Core Purpose of Service/Committee**
- 2. Summary of Core Activity for the last 12 months**
- 3. Comparison with Last Year's Planned QA/QI Activity**
- 4. Quality Assurance Activity**
- 5. Quality Improvement Activity**
- 6. Stakeholder Experience**
- 7. Planned Quality Assurance/Quality Improvement for the next year**
- 8. Changes in Membership**
- 9. Next Review Date**
- 10. Appendices**

1. Core Purpose of Service/Committee

The main purpose of the Mental Health Practice Steering Group is to promote continuous improvement in the mental health of State Hospital patients and the highest standards of clinical care and to deliver on specific pieces of mental health work commissioned by Clinical Governance Group.

2 Summary of Core Activity for the last 12 months

Despite the impact of the pandemic, the MHPSG has been able to provide oversight and governance about many of the core activities of life and practice at TSH. Areas such as patients ability to make use of Grounds Access have been a particularly important focus given the restrictions that have had to be in place because of the Coronavirus measures.

The MHPSG's hope is that as we begin to move into the next recovery phase after the pandemic we are able to generate new and creative ideas to help improve and assure quality at TSH.

3 Comparison with Last Year's Planned QA/QI Activity

Future Area of Work	Update
Review and propose changes to the Care Programme Approach process	The MHPSG is now pulling together the work that has been done previously on the CPA process. Our intention is to create a SLWG to implement tests of change in relation to this.
Develop and test ways to increase the utility of clinical outcome measures for frontline staff	The MHPSG has commenced discussion over the way in which the Clinical Outcomes Monitoring process should be revised to meet the changing needs of the State Hospital. The process to be taken is further outlined in Section 5.
Support the Realistic Medicine Action Plan as required	MHPSG has been integral in helping progress the Pre-admissions Specific Needs Assessment process as well as Advanced Statements, Restrictive Practices and the CPA process.
Support the development of the implementation plan for the new Clinical Care Model.	Will step up involvement once work restarts on the clinical model implementation.
Establish the viability of a Structured Clinical Care Model at TSH	A SLWG under the MHPSG has been created to begin examining this.
Continue to develop Trauma Informed Care at TSH	The MHPSG is heightening it's focus on this currently.
Develop potential Family Interventions	The MHPSG is scoping what might be possible in this field.

4. Quality Assurance Activity

The activity of the group is largely based around key safe, effective, person-centred areas of service delivery in the context of reviewing and monitoring clinical practice within the Hospital; including Psychological Services input data; risk assessment completion; Relational Approaches to Care; Trauma Informed Care; Person-centred improvement projects, Equality Outcomes; intelligence emerging from stakeholder feedback and trend reports.

4.1 Reviewing and monitoring of National Clinical Guidelines and Standards

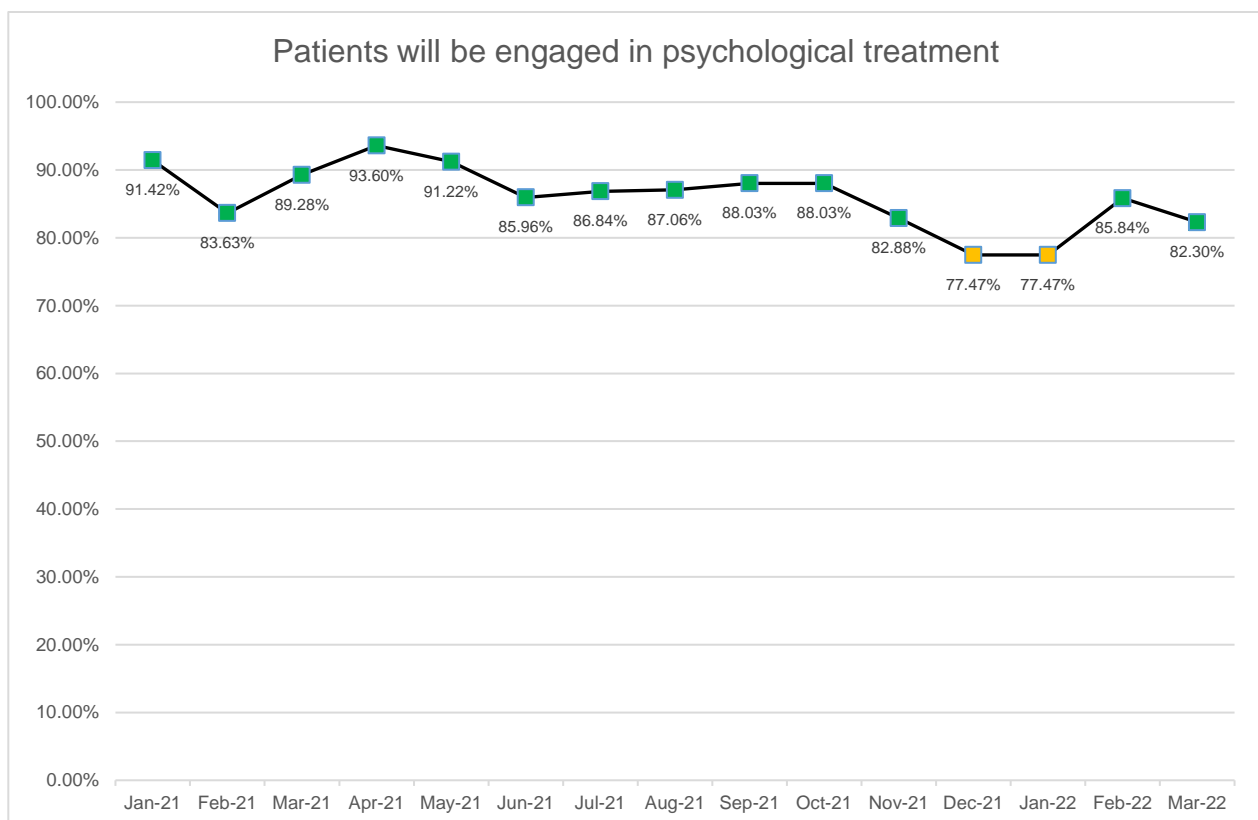
Over the last review period (1 January 2021 to 30 April 2022) the MHPSG were involved in the review of 24 guidelines/ standards. Four were deemed to be either not relevant or were covered by a similar guideline. Of the remaining 20 guidelines/standards, 19 had varying degrees of relevancy to mental health services within The State Hospital and were sent out for information purposes. It was agreed that a gap analysis review would be completed for the SIGN guidance regarding eating disorders. This process has been completed with 100% compliance being achieved.

Guidelines/Standards Body	No. of publications reviewed by PHSG	No. applicable to TSH	Recommendation Review required
SIGN	1	0	1
MWC	12	12	0
HIS	1	0	0
SPSO	7	7	0
NICE	3	0	0

An Action Plan detailing work ongoing from outstanding recommendations is attached to this report. Following the transfer of 4 outstanding recommendations to the Patient Safety Group where they are more appropriately placed, there are currently 6 outstanding recommendations in relation to 6 previously completed gap analysis. These are all linked to the Clinical Model therefore progress has been delayed due to this work being paused.

4.2 Psychological Services Data Monitoring

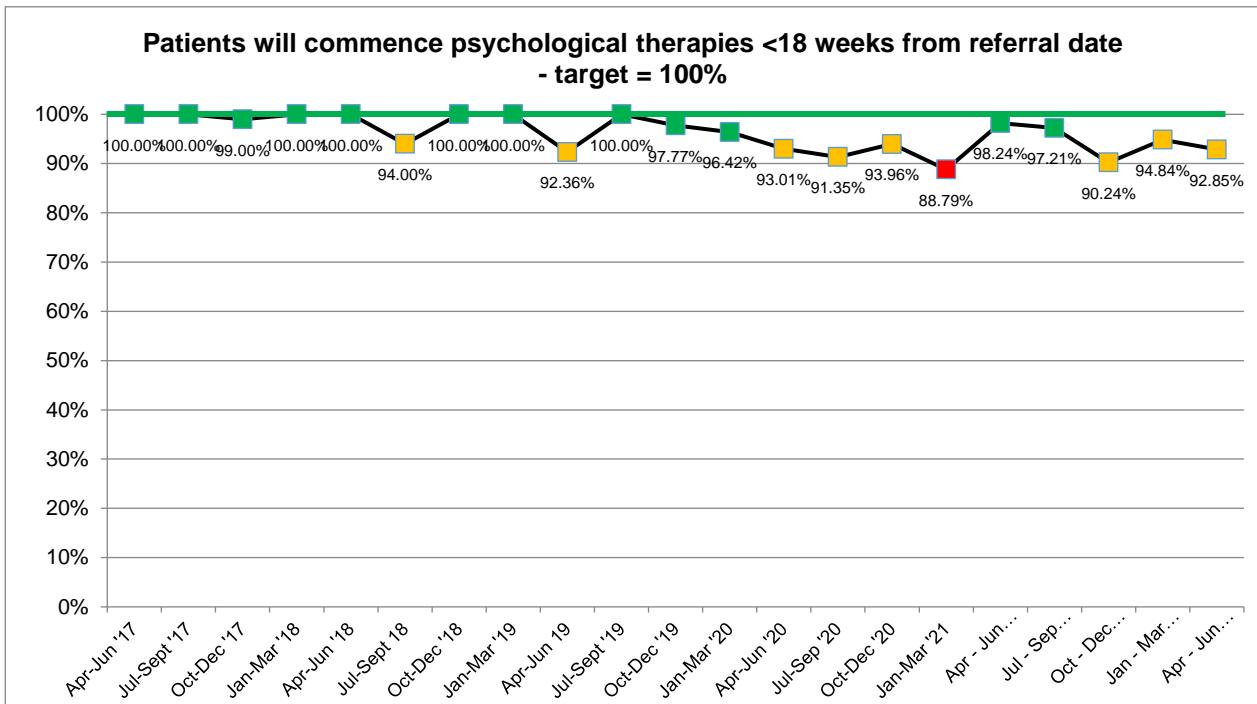
Data regarding the number of patients engaged in psychological treatment is collected on a monthly basis and reported to the MHPSG quarterly.



Over the review period the performance indicator of 85% of patients will be engaged in psychological treatment has largely remained constant. At the start of the year the number

engaged in psychological therapies dipped due to a combination of factors such as psychological groups not being able to commence due to Covid restrictions and patients completing individual treatment.

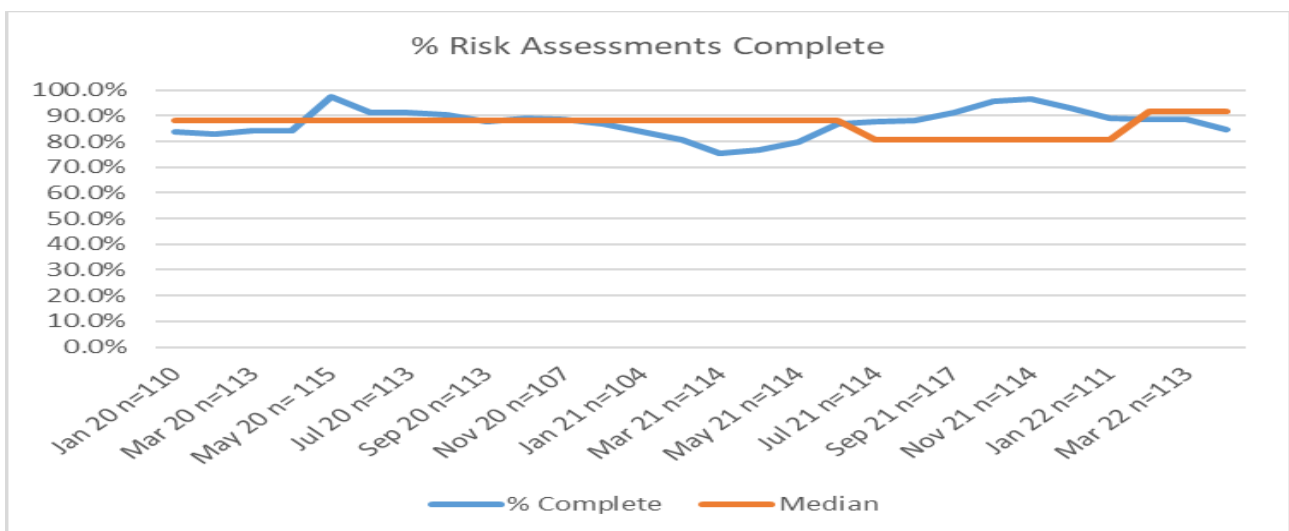
Data regarding the number of patients commencing psychological therapies less than 18 weeks from referral date is collected on a monthly basis and reported to the MHPSG quarterly.



On occasions when patients have waited longer than 18 weeks to commence psychological therapies this has been due to the patient being involved in other therapies and therefore were delayed in entering specific treatments due to time overlaps.

4.3 Risk Assessment Completion

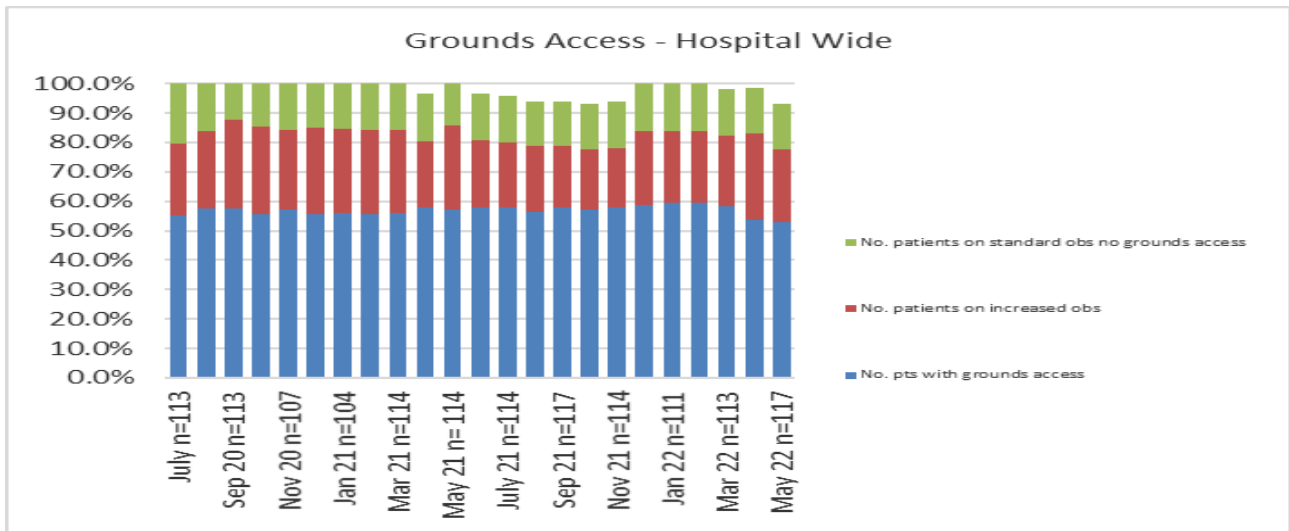
This information is collated by Health Records on a monthly basis and monitored by the MHPSG bi-annually Health Records audit the process monthly to ensure compliance to the process.



The above graph shows that the completion of Risk Assessments is within control.

4.4 Grounds Access

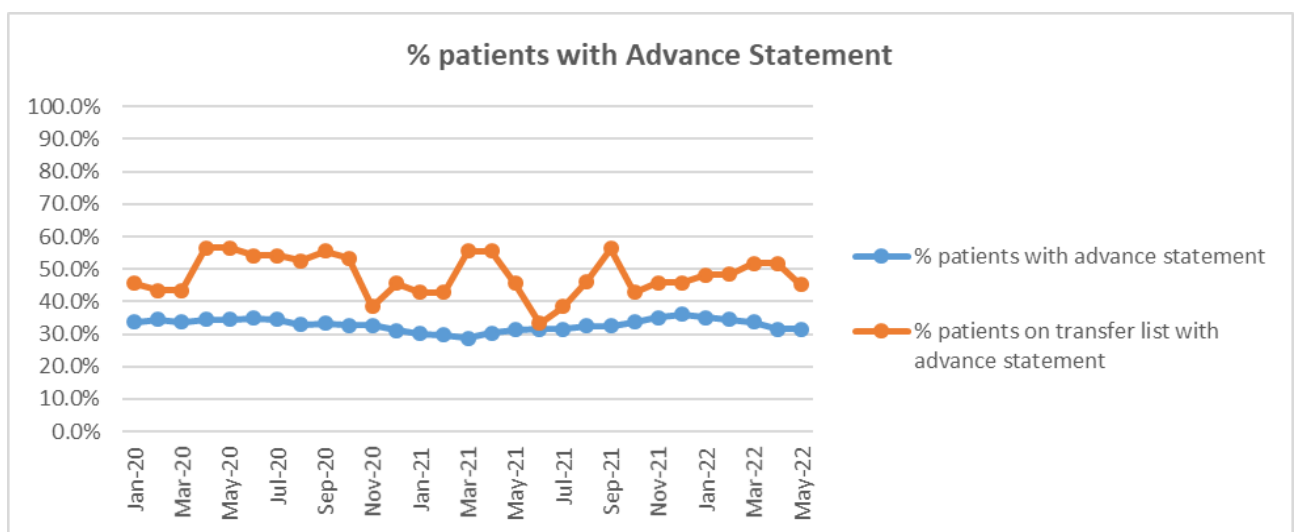
Grounds access is monitored by the group on a 6-monthly basis.



The graph above shows Grounds Access has declined slightly since March 22 – this could be explained in part by there being 9 new admissions in March/April 22. An update to the Grounds Access Policy has been extended until June 22 and an MDT group has been pulled together to look at the changes that need to be made to the policy. One key area which needs to be addressed is provision for ID patients achieving Grounds Access. Once the policy has been finalised the Grounds Access RiO forms will be rolled out across the organisation. Once embedded, an audit will be carried out to ensure that the new paperwork will improve the timescales in Grounds Access requests being processed.

4.5 Advance Statements

Advance Statements are monitored by the group on a 6 monthly basis



The graph above the percentage of patients with an Advance Statement has been decreasing since Dec 22. In addition there has been a decrease in the percentage of patients on the transfer list with an Advance Statement. The numbers refer to patients on the transfer list who are moving

on to other hospital settings. The decrease could be explained in part due to the high number of patients currently on the transfer list.

The MHPSG continue to work closely with Advocacy to ensure that patients are given the opportunity to produce an Advance Statement. Going forward Advocacy will work closely with ID patients to allow them the opportunity to produce an Advance Statement.

Historically a copy of the patient's Advance statement was held in the patient's Kardex. With the introduction of Electronic Prescribing (HEPMA) the medicine kardex is now held electronically. The Advance statement cannot be held on HEPMA and work is currently underway to introduce a process to ensure that access to the patient's advance statement is available at the point of administering medication

5. Quality Improvement Activity

5.1 Clinical Outcomes Monitoring Report

The MHPSG has actively discussed options to improve the utility of Clinical Outcomes data to both ward-based staff and also high level review within the Clinical Governance group. The MHPSG has established that the revision of the Clinical Outcomes Monitoring process is inextricably linked to other ongoing pieces of work; both the review of the CPA process, and the ongoing Review of the Clinical Model. The review of the CPA process will be important in defining which Outcomes measure data would be useful in supporting the CPA review for each patient, and will be a key focus of the revised Outcomes monitoring approach. The introduction of a new Clinical Model with patients being based in hubs dependent on the stage at which they are at in their Forensic inpatient journey or indeed their specific diagnostic category, will also offer the opportunity to introduce a Clinical Outcomes monitoring process that is tailored to the specific needs of patients or patient groups.

5.2 Motivation of new patients and ensuring positive engagement

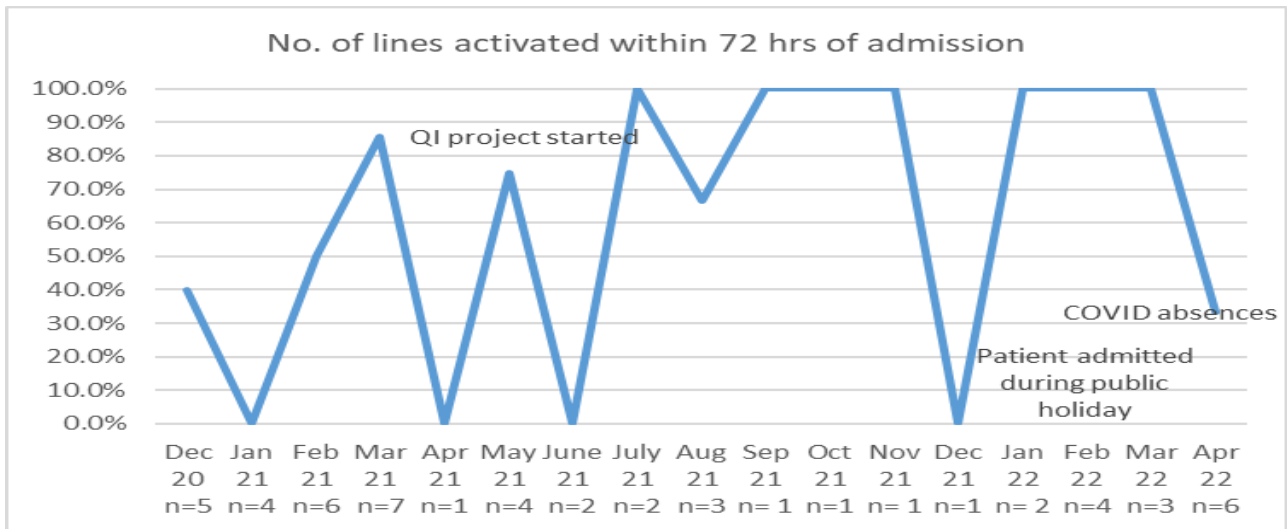
The MHPSG has maintained "Motivation of New patients and ensuring Positive Engagement" as a standing agenda item and this is linked to a number of ongoing areas of work including the review of Grounds Access protocols. This data is reviewed on a 6 monthly basis as indicated within the plan of work. the removal of restrictions has resulted in an increase in activity levels. Plans are underway to reintroduce a revised structured Induction pathway with the addition of planned activity for those patients as yet unable to participate. Hub activity staff will work closely with Occupational Therapy staff to provide activity for patients who are at an early stage of their recovery.

5.3 Pre-Admission Specific Needs Form QI project

There is an expectation that all reasonable steps are taken, prior to Hospital admission, to proactively identify and address individual patient needs. This process calls for TSH to ensure appropriate support is in place by the time of admission, to mitigate the risk of health inequalities, which may arise because of a delay in access to support mechanisms. This is a legal requirement. In light of this, the Pre-Admission Specific Needs Information Form was introduced with the assessing RMO completing this whilst assessing the patient for admission to TSH. Once this information is entered into RiO, automatic emails are generated to Heads of Service therefore ensuring that any specific requirements regarding subjects such as hearing, mobility, physical health, nutrition and hydration, spiritual and pastoral care, communication and smoking will be addressed prior to admission to ensure the provision of high quality patient care.

In March 2021, a QI project was commissioned by the MHPSG to improve the completion of the Pre-Admission Specific Needs Form. The project showed initial improvement but this was not

sustained. The MHPSPG are currently introducing a new test of change to the process to try and achieve continuous improvement. The new process will involve the form being forwarded to the admitted service, for completion, at the point where the referral is allocated at the Patient Pathway Meeting. It is hoped that this new process will ensure that all forms are completed for patient being admitted to the State Hospital. This process will be rolled out in July 22 and data will continue to be collected and reported back to MHPSPG in Sept 22.



Part of the initial QI project also looked at ways of improving the time it took patients to have access to their activated telephone line. Historically wards contacted Estates to request a phone line for the patient. The new process is Health records contact Estates once a new admission has been confirmed and Estates have a target to activate the telephone line within 72 hrs of Admission. As can be seen with the exception of occasions where the patient was admitted during the Christmas holiday and COVID absences in Estates there has been sustained improvement.

5.4 Review of the CPA process

The MHPSPG submitted a proposal to the Clinical Governance Group in June 2020 to review the CPA processes in TSH. The CGG supported the proposal. To date there has been limited progress with this piece of work. At the June 2022 meeting of the MHPSPG, it was agreed that we would collate the work-to-date in this area and formulate a plan to begin trialling potential tests of change for the CPA process and documentation.

This process is complex as the CPA document abuts other areas which are in the process of being developed, such as the new Clinical Model or the creation of a new set of Clinical Outcome Measures. Ensuring that the CPA process is providing helpful integration and alignment with these areas will hopefully be made easier by this being held by the MHPSPG.

Our intention at the July 2022 meeting is to create a working group to build on the work that has already be done and begin actually testing out the recommended changes. These will be audited and then reviewed by the MHPSPG to ensure progress. Our hope is that the CGG will enable us to take some authority in this area to effect change.

5.5 Relational Approaches to Care Group (RATC)

The RATC had a re-grouping on 6th July in person, having been meeting online for a while. The RATC is a forum for clinicians to get together who all have particular focus in their jobs on relational aspects of care i.e. to share practice, work together, prevent duplication of efforts, get support for projects etc.

Current areas of work/actions:

- Continue to deliver workshop on 'Essential Relational Aspects of Care' - this is now in the hospital training plan and has been delivered five times so far. Evaluation of this has been very positive.
- Adam Polnay is working with Michelle McKinley in Nursing Practice Development to produce a short work booklet to complement the workshop. This is based on a training framework previously produced by the RATC group.
- Support the running of Reflective Practice Groups across the hospital

6. Stakeholder Experience

6.1 Stakeholder Feedback

The MHPSG, through the Person-Centred Improvement Lead (PCIL), receive feedback from stakeholders relating to patients' direct experience of service delivery and the impact of supporting patients within a high secure environment on carers / Named Persons. Members of the MHPSG engage in the annual 'What Matters to You?' (WMTY) initiative, supporting patients, carers and volunteers to share their experience. The WMTY outcomes are discussed by the MHPSG with a view to disseminating learning opportunities to inform Hospital wide service improvement projects.

The MHPSG receive regular feedback from the Patient Partnership Group in relation to ensuring that the views of patients are incorporated within the organisation's priorities, including the Supporting Healthy Choices, Digital Inclusion and refreshed Clinical Service Delivery Model work streams.

The MHPSG continue to support the national 'Triangle of Care' project, through which a more collaborative way of including carers / Named Persons within care and treatment planning decisions will be evidenced.

The PCIL appraises the MHPSG of pertinent outputs emerging from the Person-Centred Improvement Steering Group (PCISG), seeking support to progress pieces of work where the contribution of members of the MHPSG offers a wider perspective to inform pieces of work taken forward by the PCISG.

6.2 Equality Outcomes

The MHPSG are supporting work streams contributing to delivery of the Hospital's Equality Outcomes, specifically around enhancing involvement in the Care Programme Approach process. The updated Equality Outcomes published in 2021, focus on opportunities to mitigate potential health inequalities, including equitable access to all areas of service delivery. A priority to support accessibility for TSH patients with an Intellectual Disability is a key aim for the organisation.

7. Planned Quality Assurance/Quality Improvement for the next year

7.1 The MHPSG will focus on the following key areas of work over the next twelve months:

- Review and propose changes to the Care Programme Approach process
- Develop and test ways to increase the utility of clinical outcome measures for frontline staff
- Structured Clinical Care -the group has recently started to grapple with trying to scope and develop an implementation plan for Structured Clinical Care (SCC) at The State Hospital. This would build on the work of the Forensic Network paper on SCC from 2018,

which looks to make forensic services function as whole systems to improve quality of care for patients, particularly those with primary or co-morbid diagnoses of Personality Disorder. A small working group has been formed to begin this process.

- Trauma Informed Care -the focus over the last review period has been on delivering trauma training to staff. Training dates have been agreed with heads of departments and added to the organisational training plan from January 2022 to March 2023, with eight level 1 training sessions planned and seven level 2 training sessions planned in this period. So far to date three level 1 trauma informed practice sessions have been delivered and one level 2 trauma skills practice training session has been delivered. The group will continue to monitor delivery of the planned training and review post training evaluation.
- Family Interventions: the group has also recently considered how best to bring together a cohesive focus on the different work with patients and their families which is being carried out in the hospital. There are many pockets of individual good practice and it would be beneficial to have a more comprehensive review of all this work and consider areas of best practice. In the first instance the group plan to compile a review of work with families currently being undertaken and carry out a needs analysis with clinical teams.

In addition, we will continue to overview and support as required:

- The Realistic Medicine action plan
- The development and implementation of the new Clinical Care Model

8. Changes to membership

Dr Aileen Burnett stepped down as chair in March 2022

Dr Louise Kennedy, Consultant Clinical Psychologist, and Dr Jon Patrick, Consultant Forensic Psychiatrist, joined the group as Co-Chairs

Stuart Lammie, Lead Nurse joined alongside Kim McLelland, Senior Charge Nurse

Josie Clark has been replaced by Hannah McAllister from Nursing Practice Development Team

9. Next review date

The Mental Health Practice Steering Group will report to Clinical Governance Committee in August 2023

Appendix 1: Governance arrangements for Committee

Committee membership:

The MHPSG is attended by a group of multi-disciplinary staff from across all disciplines working in the Hospital.

Membership in 2022:

Dr L Kennedy, Consultant Forensic Clinical Psychologist (Chair)
Dr J Patrick, Consultant Forensic Psychiatrist (Co-Chair)
Dr Sheila Howitt, Consultant Forensic Psychiatrist
Jamie Pitcairn, Research & Development Manager
Kim McLelland, Senior Charge Nurse
Hannah McAllister, Senior Nurse in Nurse Practice Development
David Hamilton, Social Worker
Alex MacLean, Senior Charge Nurse
Chelsea Burnside, Occupational Therapist
Julie McGee, Clinical Effectiveness Coordinator
Sandie Dickson, Person Centred Improvement Lead
Jennifer Green, Realistic Medicine Project Support Officer

Minute Secretary: Barbara Howat

Role of the committee

The main purpose of the MHPSG is to promote continuous improvement in the mental health of State Hospital patients and the highest standards of clinical care. More specifically the remit includes:

- Promoting continuous improvement in the mental health of the patients, incorporating the highest standards of clinical care.
- Increasing the proportion of care that is evidence based or best practice and providing guidance on mental health interventions.
- Ensuring that clinical and non-clinical staff have a voice in the redesign, development, planning and prioritisation of mental health services through the health planning process and the optimum allocation of resources to benefit patients.
- Monitoring and driving improvement in the effectiveness and efficiency of overall service delivery for mental health needs.
- Providing a forum for consultation, discussion and debate, drawing on expertise within and out-with the Hospital.
- Contributing to work streams emerging from stakeholder feedback.

Aims and objectives

To establish and maintain systems to gather, assess and implement (where appropriate or required) evidence based and best practice guidance in mental health as published by NHS, Healthcare Improvement Scotland (HIS), NICE, Mental Welfare Commission (MWC) and other bodies, including:

- Standards (mandatory)
- Mental Health Strategy
- Clinical Outcome Measures
- Health Technology Assessments
- Safety Action Notices/Patient Safety Alerts
- SIGN Guidelines
- Best Practice Statements
- National audits
- NICE Technology Appraisals
- MWC Guidance and Investigations
- And NICE guidelines

- To prioritise and oversee a programme of clinical audit and clinical policy development, review and implement to enable the delivery of optimum care to patients.
- To deliver on specific pieces of mental health work commissioned by Clinical Governance Group.

Meeting frequency and dates met

Meetings are held monthly on the third Thursday of the month. In 2022, 5 meetings took place out of a possible 6. The one cancellation was the request of the OMG.

Management arrangements

The group reports directly to the Clinical Governance Group every twelve months.

Appendix 2: MHPSPG Guidelines & Standards Action Plan – Outstanding actions from previously completed gap analysis

Guideline & Outstanding Recommendation	Evidence Level	Person Responsible	Update (inc date)	Projected Completion Date
NICE 181 – Rehabilitation for adults with complex psychosis			Reviewed by:	
For people diagnosed with a coexisting autism spectrum disorder, follow recommendations in the NICE guideline on autism spectrum disorder in adults.		J Kerr/ MHPSPG Chair	Practice will comply with Scottish guidance - MWC & SIGN. Compliance work currently ongoing via MHPSPG (see SIGN 145 & MWC documentation). Once this is achieved, this recommendations will be achieved.	December 2021
SIGN 145 – Assessment, diagnosis & interventions for autism spectrum disorders			Reviewed by Dr De Villiers & sub group – July 2020	
All professions & service providers working in the ASD field should review their training arrangements to ensure that staff have up-to-date knowledge & adequate skill levels.	R	S Dunlop/J Clark	<p>Training in assessment & management of ASD is required & is an identified gap. Training strategy required. NES? 7/10/20 – A new online learning module has been developed. This is currently in beta version & awaiting user testing & content review. The module will provide core basic education for all clinical staff within the hospital in relation to:</p> <ul style="list-style-type: none"> • Causes, diagnosis & prevalence of autism. • Areas in which individuals with autism characteristically have difficulties. • Behaviours that are sometimes exhibited by individuals with autism. • How to communicate effectively with individuals on the autistic spectrum. • How to provide person centred support to individuals who have autism. <p>06/21 - The initial target timescale for launch of the module on the LearnPro platform was Dec 2020. It is hoped for the module to be out for testing during June 2021.</p> <p>02/21 – ADOS training now complete</p> <p>09/21 - As part of the 'Clinical Model' work stream, Glasgow Caledonian University has been commissioned to undertake a Training Needs Analysis & deliver a training & development programme for the intellectual disability service. Training in assessment & management of ASD will be included within this programme. This project was suspended due to COVID-19 and then due to staff absence - contact resumed and work in progress with questionnaires pending.</p> <p>12/12 - Module testing and content review was unfortunately delayed due to capacity issues and competing work priorities and demands. This work stream has been identified as high priority and steps are being taken to complete the end user testing and associated content review to enable formal launch of the module before the end of January 2022.</p> <p>03/22 – meeting with J. Clark, H. Crawford, and L. Stevens (GCU) to remobilise Training Needs Analysis work held. Actions are agreed and underway.</p> <p>04/22 – Testing of the online module is now complete. Some technical components of the module required a rebuild/amendments to meet new 'responsive design' standards. (Note – Responsive design enable the content to be viewed on mobile devices as well as computers). The module has been uploaded to LearnPro. S Dunlop to obtain final 'sign-off' for the module from Dr De Villiers prior to formal launch.</p> <p>06/22 – Linda Stevens (GCU) met with members of Iona Clinical Team to start needs analysis work. Follow-up meetings also arranged due to difficulties with attendance.</p>	Person Responsible to populate
MWC – Autism & complex care needs			Reviewed by Dr De Villiers & sub group – July 2020	
HS Boards should ensure that they are able to provide a comprehensive assessment & diagnosis for any person who may have autistic spectrum disorder, which meets the standard set by SIGN 145.		J Kerr/ MHPSPG Chair	Pending achievement of outstanding recommendations as per gap analysis for SIGN 145	December 2022
NICE 11 – Challenging behaviour & learning disabilities: prevention & interventions for people with learning disabilities whose behaviour challenges			Reviewed by Dr Douds & S MacAlister - August 2015	

Ensure that any restrictive intervention is accompanied by a restrictive intervention reduction programme, as part of the long term behaviour support plan, to reduce the use of & need for restrictive interventions	B	Dr De Villiers, ID Task Force	The ID Task Force are working towards introducing Positive Behavioural Support as the model of care within the new Clinical Model. This approach, once fully implemented, will address the need for individual plans to reduce restrictive interventions & to enable the clinical team to understand & address challenging behaviour. The ID taskforce was suspended as TSH adapted to COVID. My understanding is that the new clinical model work is suspended until at least next year – the issues are due to be addressed as part of that process. 06/21 - Actions still form part of the Clinical Model work – we await to see how that develops and the ID taskforce continue to discuss implementing positive behavioural support approaches in the new clinical model. Reducing restrictive interventions is part of that, although we are somewhat hampered by the rigid processes at TSH. 09/21 and currently ongoing – implementation of Positive Behavioural Support is part of the Clinical Model work, which is currently paused	Summer 2021
NICE 101 – Learning Disabilities: Behaviour that challenges			Reviewed by Dr De Villiers & J McQueen – October 2019	
People with a learning disability & behaviour that challenges have an initial assessment to identify possible triggers, environmental factors & function of the behaviour.		Dr De Villiers, ID Task Force	The ID Task Force are working towards introducing Positive Behavioural Support as the model of care within the new Clinical Model. This approach, once fully implemented, will address the need for individual plans to reduce restrictive interventions & to enable the clinical team to understand & address challenging behaviour. The ID taskforce was suspended as TSH adapted to COVID. My understanding is that the new clinical model work is suspended until at least next year – the issues are due to be addressed as part of that process. 06/21 - Actions still form part of the Clinical Model work – we await to see how that develops and the ID taskforce continue to discuss implementing positive behavioural support approaches in the new clinical model. Reducing restrictive interventions is part of that, although we are somewhat hampered by the rigid processes at TSH. 09/21 and ongoing – implementation of Positive Behavioural Support is part of the Clinical Model work, which is currently paused	Summer 2021
NICE 10 – Violence & aggression: short term management in mental health, health & community settings			Reviewed by Dr Alcock, M Wright, L Clarke & Dr Ahmed: July 2015	
4 outstanding recommendations regarding both patient and staff debriefs have now been moved to the Patient Safety Group Guidelines Action Plan for more direct governance. Feedback to MHPSPG will be provided.				
MWC – Person Centred Care Plans: Good Practice Guide			Reviewed by: MHPSPG - November 2019	
Display a method of having the person sign/agree their care plan & indicators of ownership.		J Clark/L McCafferty	Patient feedback incorporated within CPA document. Further work required around other care plans. 09/20 - Care plan work has resumed. Have met with M Richards to discuss IOP which will be reviewed by SPSP initially. On track to have patient-led care plan on RiO by the end of the year. 11/20 - MR has caught sight of patient care plan (as part of IOP) & we will put the policy out for Consultation at start of next year. 05/20 - Unfortunately the introduction of the new IOP policy has been put back until Nov, so this will mean the patient care plan won't be out for another few months. I am aiming for July though, to be in line with the new audit tool and the other changes we have made to the care planning process. It is sitting on the Test site and ready to go. I attended the SCN meeting today to discuss the new audit tool and sent it to them for consultation right after the meeting. 09/21 – COVID has meant slow progress on this piece of work however meeting with e-health colleagues on 11 th Aug to discuss progression on RiO. 10/21, 11/21 – Work ongoing 03/02 – work has been on hold due to COVID-19 and RiO 21 upgrade. Work will recommence in coming months, following implementation of RiO 21. 06/22 – IOP work now remobilised and patient led care plan is part of this work stream. Working towards implementation at end of year.	August 2021

Appendix 3: MHPSG - Guidelines & Standards Action Plan – Achieved actions from previously completed gap analysis

Royal College of Psychiatrists – Personality Disorder in Scotland: Raising awareness, raising expectations, raising hope		Reviewed by: MHPSG - December 2019	
The trauma-informed principles of choice, collaboration, trust, empowerment & safety overlap significantly with the core approach being described in this document in relation to people with a diagnosis of personality disorder.	A Polnay – RATC Group A Cooper – TIC Group	Jan 2020 - A new workshop, “Essential Relational Aspects of Care” is being delivered to existing staff. There is also a session on interpersonal dynamics & personality disorder that members of the RATC deliver as part of the nursing induction programme. The Policy “Reflective Practice Groups for the multi-disciplinary team” has now been approved & is also relevant to this area. Relational Approaches to Care. NES Training to increase wider staff awareness via TIC group. NES Trauma Informed Care organisational checklist.	Partial achievement – June 2020 Fully achieved – Feb 2021
NICE 116 – Post-traumatic Stress Disorder		Reviewed by: John Marshall, Jon Patrick, Amelia Cooper, Mhairi Ward, Lewis McKeown - August 2019	
1.1.1 Be aware that people with PTSD, including complex PTSD, may present with a range of symptoms associated with functional impairment, including: - re-experiencing - avoidance - hyperarousal (including hypervigilance, anger & irritability) - negative alterations in mood & thinking - emotional numbing - dissociation - emotional dysregulation - interpersonal difficulties or problems in relationships - negative self-perception (including feeling diminished, defeated or worthless).	A Cooper – TIC Group	Partially achieved via Pre-admission assessment, admission history, formulation. Additional training required to increase wider staff awareness via Trauma Informed Care group (currently being developed in line with the NES Scottish Psychological Adversity & Trauma Training Plan) - links with TSH corporate training plan. Trauma informed level 1 training has been developed & is now delivered as part of the nursing induction training. The TURAS trauma module "Developing your Trauma Skilled Practice" meets the training requirements of this action point. The training has been promoted to all staff using the staff bulletin. This bulletin provides links to the training & further resources related to Trauma & PTSD through the National Trauma raining Programme. Uptake & completion of the training module will be monitored & further promotion completed if required. Further face-to-face (or a digital alternative) training will also be offered to support the online module in the future.	Achieved - Feb 2021
1.1.2 Be aware of traumatic events associated with the development of PTSD. These could be experiencing or witnessing single, repeated or multiple events & could include, for example: - serious accidents - physical & sexual assault - abuse, including childhood or domestic abuse - work-related exposure to trauma, including remote exposure - trauma related to serious health problems or childbirth experiences (for example, intensive care admission or neonatal death) - war & conflict - torture	A Cooper – TIC Group	Partially achieved via Pre-admission assessment, admission history, formulation. Additional training required to increase wider staff awareness via Trauma Informed Care group (currently being developed in line with the NES Scottish Psychological Adversity & Trauma Training Plan) - links with TSH corporate training plan. Trauma informed level 1 training has been developed & is now delivered as part of the nursing induction training. The TURAS trauma module "Developing your Trauma Skilled Practice" meets the training requirements of this action point. The training has been promoted to all staff using the staff bulletin. This bulletin provides links to the training & further resources related to Trauma & PTSD through the National Trauma raining Programme. Uptake & completion of the training module will be monitored & further promotion completed if required. Further face-to-face (or a digital alternative) training will also be offered to support the online module in the future.	Achieved – Feb 2021
1.3.1 Promote access to services for people with PTSD by: - reassuring them that PTSD is a treatable condition - providing care that places a positive emphasis on the range of interventions offered & their likely benefits - ensuring that methods of access to services take into account the needs of specific - populations of people with PTSD, including migrants & asylum seekers, people who are homeless or not registered with a GP, looked-after children & young people, & preschool-aged children	A Cooper – TIC Group	Partial applicability. Links with training need to increase awareness Trauma informed level 1 training has been developed & is now delivered as part of the nursing induction training. The TURAS trauma module "Developing your Trauma Skilled Practice" meets the training requirements of this action point. The training has been promoted to all staff using the staff bulletin. This bulletin provides links to the training & further resources related to Trauma & PTSD through the National Trauma raining Programme. Uptake & completion of the training module will be monitored & further promotion completed if required. Further face-to-face (or a digital alternative) training will also be offered to support the online module in the future.	Achieved – Feb 2021

<ul style="list-style-type: none"> - minimising the need to move between different services or providers - providing multiple points of access to the service, including self-referral - establishing clear links to other care pathways, including for physical healthcare needs - offering flexible modes of delivery, such as text messages, email, telephone or video consultation, or care in non-clinical settings such as schools or offices - offering a choice of therapist that takes into account the person's trauma experience - for example they might prefer a specific gender of therapist - using proactive person-centred strategies to promote uptake & sustained engagement - assessing the need for further treatment or support for people who have not benefited fully from treatment or have relapsed. 			
<p>1.4.4 Be aware of the risk of continued exposure to trauma-inducing environments. Avoid exposing people to triggers that could worsen their symptoms or stop them from engaging with treatment, for example, assessing or treating people in noisy or restricted environments, placing them in a noisy inpatient ward, or restraining them.</p>	A Cooper – TIC Group	<p>Need for staff training to increase awareness. This will be included in Trauma training which is being developed. Consideration would be given when & where possible.</p> <p>Trauma informed level 1 training has been developed & is now delivered as part of the nursing induction training. The TURAS trauma module "Developing your Trauma Skilled Practice" meets the training requirements of this action point. The training has been promoted to all staff using the staff bulletin. This bulletin provides links to the training & further resources related to Trauma & PTSD through the National Trauma raining Programme. Uptake & completion of the training module will be monitored & further promotion completed if required. Further face-to-face (or a digital alternative) training will also be offered to support the online module in the future.</p>	Achieved – Feb 2021
<p>1.5.1 Pay particular attention to identifying people with PTSD in working or living environments where there may be cultural challenges to recognising the psychological consequences of trauma</p>	A Cooper – TIC Group	<p>More work needed by Trauma Informed Care group re staff training</p> <p>Trauma informed level 1 training has been developed & is now delivered as part of the nursing induction training. The TURAS trauma module "Developing your Trauma Skilled Practice" meets the training requirements of this action point. The training has been promoted to all staff using the staff bulletin. This bulletin provides links to the training & further resources related to Trauma & PTSD through the National Trauma raining Programme. Uptake & completion of the training module will be monitored & further promotion completed if required. Further face-to-face (or a digital alternative) training will also be offered to support the online module in the future.</p>	Achieved – Feb 2021
SIGN 145 – Assessment, diagnosis & interventions for autism spectrum disorders		Reviewed by Dr De Villiers & sub group – July 2020	
<p>Instruments may be used for information gathering, but they should not be used to make or rule out a referral for an assessment for ASD.</p>	Dr Kennedy	<p>TSH Psychology is currently commissioning training for ADOS assessments. As per NICE & this guideline, these tools are helpful as part of assessment but do not make diagnoses. Multi-professional assessments & established diagnostic criteria need to be considered for each individual patient.</p> <p>09/20 - The ADOS training is now being delivered online. In the last couple of months 2 members of the psychology department have been trained in ADOS with hopefully further staff being able to access the training.</p> <p>02/21 – Further 2 clinical psychologists within the ID service have completed ADOS. TSH now have enough psychologists trained within the hospital for the time being</p>	Achieved - Feb 2021
<p>A diagnostic assessment, alongside a profile of the individual's strengths & weaknesses, carried out by a multidisciplinary team which has the skills & experience to undertake the assessments, should be considered as the optimum approach for individuals suspected of having ASD.</p>	Dr Kennedy/ S Dunlop	<p>2 members of staff currently DISCO trained with the ability to do assessments across hubs pending resource issues. Training needs across professional groups need to be identified & addressed. A significant proportion of patients with autism will be within the MI service (63%) & the ID service does not currently have the resources to provide assessments beyond this.</p> <p>7/10 - Psychology is currently commissioning training for ADOS assessments. As per NICE & this guideline, these tools are helpful as part of assessment but do not make diagnoses. Multi-professional assessments & established diagnostic criteria need to be considered for each individual patient. The ADOS training is now</p>	Achieved - Feb 2021

		being delivered online. In the last couple of months two members of the Psychology department have been trained in ADOS with hopefully further staff being able to access the training. 02/21 – Further 2 clinical psychologists within the ID service have completed ADOS. TSH now have enough psychologists trained within the hospital for the time being	
Consider the use of a structured instrument to assist information gathering in the assessment of an individual with possible ASD.	C Totten/Dr Kennedy/ Dr De Villiers	ADOS would be valuable part of a comprehensive assessment plus detailed developmental history - 09/20 - Partial Compliance. Talking mats training has been designed face to face however has been paused due to COVID, plan was in place to deliver 3 courses in 2020. We are currently engaging with S Dunlop on how we may deliver training through a virtual platform, one member of staff has been trained as a trainer. Training scheduled for March 2021. 09/20 - The ADOS training is now being delivered online. In the last couple of months two members of the psychology department have been trained in ADOS with hopefully further staff being able to access the training. 02/21 – Further 2 clinical psychologists within the ID service have completed ADOS. TSH now have enough psychologists trained within the hospital for the time being	Achieved – Feb 2021
Healthcare professionals involved in specialist assessment should take an ASD-specific developmental history & should directly observe & assess the individual's social & communication skills & behaviour.	C Totten/Dr Kennedy/ Dr De Villiers	Partial compliance. OT & SALT will provide specialist communication & interaction skills assessment. The Royal College of Psychiatrists have an interview schedule that incorporates both patient & carer responses & ensures relevant information is obtained in a structured way when autism is being considered. Psychology will be included in the ASD specific developmental history & observations. 09/20 – Partial Compliance. Talking mats training has been designed face to face however has been paused due to COVID, plan was in place to deliver 3 courses in 2020. We are currently engaging with S Dunlop on how we may deliver training through a virtual platform, 1 member of staff has been trained as a trainer. Training scheduled for March 2021	Achieved – Feb 2021
MWC – Autism & complex care needs			Reviewed by Dr De Villiers & sub group – July 2020
The work of the Scottish Patient Safety Programme to reduce the use of restraint in mental illness settings should be extended to NHS & community services supporting autistic people with complex needs.	L Clarke	TSH works with the SPSP to reduce the risk of restraint however this does not take into consideration the impact of restraint on individuals with autism. For consideration to link with PMVA training. April 2021- Information and guidance on restraint reduction will be included in the physical intervention policy which has been out for consultation and is awaiting release	Achieved August 2021
NHS & community services should ensure that they have policies concerning restraint & seclusion affecting autistic people with complex needs which include consistent recording, feedback, & improvement plans to reduce their use over time.	L Clarke/A Connor	An important area which requires further addressing during new clinical model process & within review of the Clinical Engagement & Seclusion policies to allow the needs of people with autism to be considered. 11/20 - I have been unable to meet with A Connor regarding our action & am waiting on some information from my colleague in Rampton hospital (they have the whole of the ID service for High Secure services in England. Update pending. April 2021- Physical intervention policy will have guidance included for the Intellectual and disability service which has been out for consultation and is awaiting release	Achieved August 2021

Appendix 4: Mental Health Practice Steering Group – Action Plan

Action Points	Date specific action initiated	Action	By whom	Progress note	Date action required to be next completed
CPA Review Process	June 2019				
	May 22	Dr Howitt to email the Clinical Leads regarding tailoring their CPA review meeting to the individual patient needs.	SH		June 22
	May 22	Sandie will circulate the questionnaire about the patient experience of the CPA to the group.	SD		June 22
	May 22	Jon to get monthly progress update from Dr Skilling on the CPA Review Process	JPa monthly		June 22
Guideline Compliance Update					
Sign - Eating Disorders		Respond to feedback from gap analysis	Group	To come back to June meeting.	June 22
Care and Treatment of People with ARBD –	March 22	Alex Maclean will investigate with Practice Nurses what links are available were this to be necessary at TSH.	AM/MT	MT fed back to the Group and confirmed that if necessary TSH can link with Dr Lindsay McNair – Addiction Neuropsychology Service, Lanarkshire. The group thought the first point of contact will be Suzanne O'Rourke.	Complete
	May 22	Julie to feed information back to Jill Kerr for guideline update.	JMcG		June 22
Patient Capacity		Identify the types of capacity which should be recorded on RiO. This is a with a view to feeding back to IT for inclusion in RiO21.	JMcG		Sept 22

Advance Statements in forensic mental health services		Julie to take the fact that few ID patients have an advance statement to the next meeting of the ID forum.	JMcG		June 22
		Ascertain if Advance Statement will be included in HEPMA (Hospital Electronic Prescribing and Medicines Administration)	JMcG	Advance Statements are not included in HEPMA. Closed May 22.	Complete
		Clinical quality to audit if advance statements are available in the treatment room	JMcG		June 22
Family Therapy					
	May 22	David will circulate SBAR to team.	DH	Closed May 22.	
	May 22	Needs analysis and audit into existing work in this area – Social Work, Carer Co-ordinator, RMO. Louise also to link with Dr Skilling re Carers Clinic	JK		June 22
	May 22	Sandie to circulate Carers Clinic feedback received from Dr Skilling to the group.	SD		June 22
Structured Clinical Care					
	Apr 22	Request membership to assist with the project	JPa May 22	Circulated request to group.	Complete
	May 22	Jon to arrange a meeting to discuss how this will be progressed	JPA		June 22
Role and Remit of Group	May 22	Bring back to next meeting. Update Involvement and Equality to change to Person Centred Improvement and add Allied Health Professionals	BH		June 22

	Apr 22	Jon to speak with Robin McNaught regarding his nomination on the group.	JPa	Jon confirmed that Prof Thomson the responsible Director	Complete
Pre-Admission Specific Needs Assessment					
	?Mar/Apr 22?	The meeting was also made aware of Josie's past involvement in working on an assessment form (which might be the pre-admission assessment form). Stuart will liaise with Josie to clarify same.	SL	June 22	June 22
	May 22	Jon to again highlight the importance of completion of the form within Rio to all RMOs and Higher level trainees.	JPa		June 22
	May 22	Julie to relook at the Pre-Admission Specific Needs Assessment process and flow chart. Once reviewed this should be circulated to RMOs and Med Secs.	JMcG		June 22
PTS Figures					
	May 22	Louise will review what and how the information should be presented to the group detailing trends in order that the group have assurance that the Psychological Therapies are working well.	LK		June 22
		Jennifer will circulate information from the previous reports	JG		June 22

Appendix 5: Mental Health Practice Steering Group – Plan of Work Update Schedule

Plan of Work Updates	Update Required	By Whom	Date next update due for review
Plan of Work Updates			
Guidelines and Standards Action Plan	Starting July 22 - Bi-monthly	JK	July 22
Motivation of New Patients and Ensuring Positive Engagement	Update: February and August	AMc/CB	August 22
Named Person Audit	Update: March/September	JMcG	September 22
Advance Statement	Update: December / June	JMcG	December 22
Re-admission to hospital within 12 months	Update: January Any readmissions are reviewed by the Patient Pathway Group on an ongoing basis	JMcG	January 23
Monitoring of Core Outcome Scores administered by Psychological Therapies (Historically in outcomes report)	Update: November and May	LK	November 22
Clinical Outcome Measures Report	Update: May / August / November / February	JPi	August 22 On hold currently being reviewed
Grounds Access	Update: March/Sept	JMcG	September 22
DRAMS	Suggest update to Group in November and May	LK	November 22 LK looking at what the information will be used for – should this be used like to DASA?
Risk Assessment completion	Update: March/September	JMcG	September 22
PTS figures	Update: November and May	LK	November 22
Pre-Admission Specific Needs Assessment	Update: TBC	JMcG	August 22
Relational Approaches to Care (RATC)	Update: August / February	LK	August 22
Trauma Informed Care Group (TICG)	Update: August / February	LK	August 22

Plan of Work Updates	Update Required	By Whom	Date next update due for review
Realistic Medicine	Update: June / September / December / March	JG	September 22
Report to Clinical Governance Group	Update: TBC (6 monthly February (Full report August)	Chairs	June 22
Review Role and Remit & Membership	Update Annually: TBC	Chairs	TBC Looking to be agreed at June 22 meeting

Mental Health Practice Steering Group –Plan of Work – Oct 2021 to Sept 2022

Standing Items

- Minutes of last meeting
- Matters arising update/Updates from Action Points
- CPA Review Process
- Guideline Compliance Update
- Guideline Compliance Action Plan
- Plan of Work Updates

Reporting	Person Responsible	Oct 21	Nov 21	Dec 22	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Named Person Audit	J McGee					✓						✓	
Advance Statement	J McGee			✓						✓			

Re-admission to hospital within 12 months	J McGee				✓								
Monitoring of Core Outcome Scores for Psychological Therapies –	L Kennedy									✓			
Clinical Outcome Measures Report	J Pitcairn		✓			✓			✓			✓	
Grounds Access	J McGee					✓						✓	
DRAMS	TBC with Dr De Villiers		✓			✓			✓			✓	
Risk Assessment completion	J McGee					✓						✓	
PTS figures	A Burnett					✓						✓	
Motivation of new patients and ensuring positive engagement	A MacLean					✓						✓	✓
Review Role and Remit & Membership	All												✓
Pre-Admission Specific Needs Assessment	J McGee		✓			✓			✓			✓	
Relational Approaches to Care (RATC)	A Burnett					✓							✓
Trauma Informed Care Group (TICG)	A Cooper					✓							✓
Realistic Medicine	J Green			✓			✓			✓			✓

